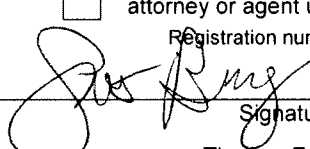


| | | | |
|---|--|--|---|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)</i> | | Docket Number (Optional) 32286-191984 | |
| Application Number 10/662,877-Conf. #1150 | | Filed September 16, 2003 | |
| For MEDICATED STENT HAVING MULTI-LAYER POLYMER-COATING | | | |
| Art Unit 3773 | | Examiner J. W. Woo | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <small>(previously paid \$ 130 with filing date d November 11, 2008)</small> <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | <u>Fee</u> \$130 \$490 \$1110 \$1730 \$2350 | <u>Small Entity Fee</u> \$65 \$245 \$555 \$865 \$1175 | \$ _____ \$ 360.00 \$ _____ \$ _____ \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0261</u> . | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>57,586</u> | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. | | | |
| Registration number if acting under 37 CFR 1.34 _____ | | | |
|  _____ Signature | | <u>December 10, 2008</u> _____ Date | |
| Thomas F. Barry _____ Typed or printed name | | <u>(202) 344-4689</u> _____ Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |